



## GEORGIA MEDICAID FEE-FOR-SERVICE HEPATITIS C AGENTS PA SUMMARY

Preferred	Non-Preferred
<b><i>Direct Inhibitors</i></b>	
Mavyret (glecaprevir/pibrentasvir)* Sofosbuvir/velpatasvir 400/100 mg generic* Vosevi (sofosbuvir/velpatasvir/voxilaprevir)*	Harvoni 45/200 mg and Pak (ledipasvir/sofosbuvir) Ledipasvir/sofosbuvir 90/400 mg generic Sovaldi (sofosbuvir) Zepatier (elbasvir/grazoprevir)
<b><i>Ribavirin</i></b>	
Ribavirin generic	RibaPak (ribavirin)
<b><i>Pegylated Interferons</i></b>	
Pegasys (peginterferon alfa-2a) PegIntron (peginterferon alfa-2b)	
<b><i>Interferons</i></b>	
Intron-A (interferon alfa-2b)	

\*Preferred but requires PA

**LENGTH OF AUTHORIZATION:** Varies

### NOTES:

- Mavyret, sofosbuvir/velpatasvir 400/100 mg generic and Vosevi are preferred but require prior authorization.
- Members who abuse alcohol or intravenous drugs must be enrolled in a substance abuse program.
- For all repeat authorizations/retreatment requests except for Vosevi, faxed documentation of the Hepatitis C Retreatment Form is required. The Form must be completed and signed by the physician to be accepted. The Hepatitis C Retreatment Form is located at <https://dch.georgia.gov/prior-authorization-process-and-criteria#H> and must be **faxed to OptumRx at 1-888-491-9742.**

### PA CRITERIA:

#### Sofosbuvir/velpatasvir 400/100 mg Generic

- ❖ Members must be 6 years of age or older who weigh 30 kg or more with a diagnosis of chronic hepatitis C virus infection (CHC, HCV).
- ❖ Members with decompensated cirrhosis must take sofosbuvir/velpatasvir in combination with ribavirin when clinically appropriate.



Harvoni 45/200 mg and Pak and Ledipasvir/Sofosbuvir 90/400 mg Generic

- ❖ Members 18 years of age or older must have a diagnosis of chronic hepatitis C virus infection (CHC, HCV) and
  - genotype 1 (1a or 1b) or 4 without liver transplant and without cirrhosis or with compensated cirrhosis and must be unable to take sofosbuvir/velpatasvir and Mavyret.
  - genotype 5 or 6 without liver transplant and without cirrhosis or with compensated cirrhosis and must be unable to take sofosbuvir/velpatasvir and Mavyret.
  - genotype 1 (1a or 1b), 4, 5 or 6 without liver transplant with decompensated cirrhosis and must be unable to take sofosbuvir/velpatasvir.
  - genotype 1 (1a or 1b), 4, 5 or 6 with liver transplant without cirrhosis and must be unable to take sofosbuvir/velpatasvir and Mavyret.
  - genotype 1 (1a or 1b), 4, 5 or 6 with liver transplant and with cirrhosis.
- ❖ Members 12 to 17 years of age must have a diagnosis of genotype 1 (1a or 1b), 4, 5 or 6 chronic HCV infection without cirrhosis or with compensated cirrhosis and must be unable to take sofosbuvir/velpatasvir and Mavyret.
- ❖ Members 6 to 11 years of age must have a diagnosis of genotype 1 (1a or 1b), 4, 5 or 6 chronic HCV infection without cirrhosis or with compensated cirrhosis must be unable to take sofosbuvir/velpatasvir.
- ❖ Members 3 to 5 years of age must have a diagnosis of genotype 1 (1a or 1b), 4, 5 or 6 chronic HCV infection without cirrhosis or with compensated cirrhosis.
- ❖ Members must take Harvoni or ledipasvir/sofosbuvir in combination with ribavirin when clinically appropriate.

Mavyret

- ❖ Members must be 12 years of age or older weighing 45 kg or more with a diagnosis of chronic hepatitis C virus infection (CHC, HCV) without cirrhosis or with compensated cirrhosis.

RibaPak

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic ribavirin, is not appropriate for the member.

Sovaldi

- ❖ Members 18 years of age or older must have a diagnosis of chronic hepatitis C virus infection (CHC, HCV) without cirrhosis or with compensated cirrhosis and
  - genotype 1 (1a or 1b) and must be unable to take sofosbuvir/velpatasvir and Mavyret. Members must take Sovaldi with peginterferon/ribavirin or ribavirin.
  - genotype 2 or 3 and must be unable to take sofosbuvir/velpatasvir and Mavyret. Members must take Sovaldi with ribavirin.
  - genotype 3 with compensated cirrhosis and have previously failed treatment with peginterferon/ribavirin and must be unable to take Vosevi. Members must take Sovaldi with Zepatier.
  - genotype 4 and must be unable to take sofosbuvir/velpatasvir and Mavyret. Members must take Sovaldi with peginterferon/ribavirin.
  - have hepatocellular carcinoma awaiting liver transplantation. Members must take Sovaldi with ribavirin.



- ❖ Members 12 to 17 years of age must have a diagnosis of genotype 2 or 3 chronic HCV infection without cirrhosis or with compensated cirrhosis and must be unable to take sofosbuvir/velpatasvir and Mavyret.
- ❖ Members 6 to 11 years of age must have a diagnosis of genotype 2 or 3 chronic HCV infection without cirrhosis or with compensated cirrhosis and must be unable to take sofosbuvir/velpatasvir.
- ❖ Members 3 to 5 years of age must have a diagnosis of genotype 2 or 3 chronic HCV infection without cirrhosis or with compensated cirrhosis.

#### Vosevi

- ❖ Members must be 18 years of age or older with a diagnosis of chronic hepatitis C virus infection (CHC, HCV) without cirrhosis or with compensated cirrhosis and
  - genotype 1a non-NS5A, sofosbuvir-containing treatment-experienced.
  - genotype 1 (1a or 1b) or 2 NS5A-containing treatment-experienced.
  - genotype 3 treatment-naïve with compensated cirrhosis and Y93H mutation.
  - genotype 3 peginterferon/ribavirin treatment-experienced and direct inhibitor treatment-experienced.
  - genotype 4, 5 or 6 direct inhibitor treatment-experienced.

#### Zepatier

- ❖ Members must be 18 years of age or older with a diagnosis of genotype 3 chronic hepatitis C virus infection (CHC, HCV) with compensated cirrhosis and have previously failed treatment with peginterferon/ribavirin and must be unable to take Vosevi. Members must take Zepatier with Sovaldi.

*OR*

- ❖ Members must be 18 years of age or older with a diagnosis of genotype 1 (1a or 1b) or genotype 4 chronic hepatitis C virus infection (CHC, HCV) and members with genotype 1a must have NS5A resistance testing conducted and must be unable to take sofosbuvir/velpatasvir and Mavyret. Members must take Zepatier in combination with ribavirin if
  - genotype 1a with baseline NS5A polymorphisms.
  - genotype 4 and previous treatment failure with peginterferon/ribavirin regimen.

#### **EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

#### **PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

#### **PA AND APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.



**QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.